BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10816000

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	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
	TOTAL CLAIMS			70		\(1000000000000000000000000000000000000		RATE	FEE		RATE	FEE
#	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	 		BASIC FEE	1
-11-	<u> </u>						DAGIO (E.	303.0	OF	DAGIC FEE	170.00	
	TOTAL CHARGE	70 minus 20=		* 50			X\$ 9=		OF	·X\$18=	900	
	NDEPENDENT (ninus 3 =	7			X43=		OR	X86≃	602
	If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR	+290=	
*							. (TOTAL	 -	OR	TOTAL	2272
1	CLAIMS AS AMENDED - PART II								·	1	OTHER	
1	· · · · ·	(Column 1)		(Column 2)			Column 3) SM		LL-ENTITY		SMALL	ENTITY
AMENDMENT A		CLAIMS . REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY:	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	· .	<u> </u>		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							÷145=		OR	+290=	
								TOTAL		4	TOTAL	
	(Column 1) (Column 2) (Column 3)							ODIT. FEE		JOR	ADDIT, FEE	
AMENDMENT B	-	CLAIMS REMAINING AFTER AMENDMENT	17	HIGHE NUMB PREVIOUS PAID F	ST ER JSLY _	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	A-A		=		X\$ 9=	-	OR.	- X\$18=	
	Independent	*	Minus'	***		=	-	X43=		OR	X86=	
	FIRST PRESE	ILTIPLE DEP	TIPLE DEPENDENT CLAIM			-	+145=		1			
 :										OR	+290= TOTAL	
										JOR ,	ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS		(Column 2) (Column 3)							i	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	IR ISLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	4-4;		u		X\$ 9=		OR	X\$18=	
	Independent	*	Wings	K-F-F		<i>-</i>	ni i	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							146			(200	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 TOTAL.										OR L	+290=- TOTAL :	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE ADDIT FEE ADDIT FEE												
		ner Proviously Paid					ound	in the appro	priate box	in color	run I.	